

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11		1					61					
12	1						62					
13		1					63					
14			1				64					
15				1			65					
16					1		66					
17						1	67					
18							68					
19							69					
20							70					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total	B						Total					
Indep							Indep					
Total							Total					
Depend							Depend					
Total	24						Total					
Claims							Claims					